

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574195
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6		/				
7		/				
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36		/				
37	/					
38		/				
39			/			
40			/			
41				2		
42			/			
43				1		
44				1		
45				3		
46				0		
47				0		
48				0		
49				0		
50				0		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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56						
57			/			
58						
59				2		
60				1		
61				1		
62				3		
63				0		
64				0		
65				0		
66				0		
67				0		
68				0		
69				0		
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83				0		
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85				0		
86				0		
87				0		
88				0		
89			/			
90				2		
91			/			
92				1		
93				1		
94				3		
95				0		
96				0		
97				0		
98				0		
99				0		
100				0		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

POST MAILABLE COPY

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SERIAL NO.

10/574195

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		0				
102		0				
103		0				
104		1				
105		1				
106		0				
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149						
150						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	76	←		←		←
TOTAL CLAIMS	79					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
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154						
155						
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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